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**FROM:** Shantanu Basu**DATE:** May 8, 2007

Number of pages with cover page:	25	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 9286/exp7**Comments:**

Attorney Docket No.: 229752001500  
 Group Art Unit: 1652  
 Examiner: R. Mondesi  
 Application No.: 09/980,370  
 Filing Date: May 26, 2000 (Int'l)  
 Inventor(s): Charles A. COLLYER et al.  
 Title: METHOD OF PROPHYLAXIS AND TREATMENT AND AGENTS USEFUL  
 FOR SAME

**Papers enclosed:**

- Transmittal (1 page)
- Fee Transmittal + duplicate (2 pages)
- Amendment (10 pages)
- Petition for Extension of Time (1 page)
- One Reference (10 pages)

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PTO/SB/21 (09-06)

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/980,370
		Filing Date	May 26, 2000 (Int'l)
		First Named Inventor	Charles A. COLLYER
		Art Unit	1652
		Examiner Name	R. Mondesi
Total Number of Pages in This Submission	24+1 Reference	Attorney Docket Number	229752001500

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate (2 pages)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (10 pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="margin-left: 20px;">       ➤ One Reference (10 pages)        ➤ Fax Cover Sheet     </div>
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">         Remarks       </div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Shantanu Basu		
Date	May 8, 2007	Reg. No.	43,318

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: May 8, 2007

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PTO/SB/17 (02-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/980,370
		Filing Date	May 26, 2000 (Int'l)
		First Named Inventor	Charles A. COLLYER
		Examiner Name	R. Mondesi
		Art Unit	1652
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00		Attorney Docket No.	229752001500

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
<b>2. EXCESS CLAIM FEES</b>							
							<u>Small Entity</u>
<u>Fee Description</u>							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>
33 - 33 = 0 x 50 = 0.00							
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
3 - 4 = 0 x 200 = 0.00							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 100 = _____		/50	_____ (round up to a whole number) x _____		= _____		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

<b>SUBMITTED BY</b>			
Signature	<i>Shantanu Basu</i>	Registration No. (Attorney/Agent)	43,318
Name (Print/Type)	Shantanu Basu	Telephone	(650) 813-5995
		Date	May 8, 2007

pa-1163558